

The Effect of Education Using Video Media on Knowledge Level and the Selection of Long-Term Contraceptive Methods (MKJP) Among Third Trimester Pregnant Women at Puskesmas Pulosari, Pemalang Regency, in 2025

Aliyatus Sya'ni¹, Isnaeni Rofiqoch²^{1,2}Faculty of Health Sciences, Universitas Muhammadiyah Purwokerto, Indonesia

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ABSTRACT

Background: Education through video media is one of the tools used in counseling to enhance understanding. The selection of long-term contraceptive methods (MKJP) is often influenced by limited knowledge, lack of spousal support, and cultural factors. Therefore, midwives play a crucial role in addressing these barriers through educational interventions. A preliminary study conducted in the service area of Puskesmas (Community Healthcare Center) Pulosari, Pemalang Regency, found that only 10.6% of family planning participants used MKJP, while 89.4% used non-MKJP. Objective: This study aimed to determine the effect of education using video media on the knowledge level and selection of MKJP among third-trimester pregnant women at Puskesmas Pulosari. Methods: This was a quantitative study using a pre-experimental design with a one-group pretest-posttest approach. The sample consisted of 58 pregnant women at 28 weeks of gestation from the service area of Puskesmas Pulosari, selected using purposive sampling. A questionnaire was used as the research instrument. Data analysis was conducted using univariate and bivariate methods with the Wilcoxon test. Results: The majority of respondents were aged 20–35 years (82.8%), had a secondary level of education (69%), were unemployed (91.4%), and were multiparous (50%). Before the video-based educational intervention, most respondents had a moderate level of knowledge (56.9%) and chose non-MKJP (79.3%). After the intervention, most demonstrated a good level of knowledge (58.6%) and chose MKJP (81%). Conclusion: A video-based education significantly improves knowledge levels and affects the selection of long-term contraceptive methods among third-trimester pregnant women at Pulosari Community Health Center.

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Corresponding Author:

Isnaeni Rofiqoch

Faculty of Health Sciences, Universitas Muhammadiyah Purwokerto,

Soepardjo Rustam Street KM. 7, Banyumas, Indonesia

Email: isnaenirofiqoh@ump.ac.id

1. INTRODUCTION

According to data from the United Nations Population Fund (UNFPA) (2024), Indonesia ranks fourth in terms of population size, with a population of 279.8 million as of 2023. Indonesia's large population is due to its high population growth rate and high total fertility rate (TFR) (United Nations Population Fund (UNFPA), 2024). One of the government's efforts to reduce the population growth rate is through the Family Planning (KB) program (Lacla et al., 2022). The Family Planning Program is one of the government's solutions and efforts to regulate childbirth, the ideal spacing and age for childbirth, and pregnancy. In accordance with the 2010-2014 National Medium-Term Development Plan (RPJMN), the National Family Planning Program in Indonesia is more focused on the use of Long-Term Contraceptive Methods (MKJP) (BKKBN, 2022).

The form of contraception in the family planning program aimed at reducing population growth is through Long-Term Contraceptive Methods (MKJP) (Kemenkes RI, 2018). Long-term contraceptive methods (MKJP) include IUDs, implants, MOW, and MOP, while contraceptive methods such as injections, pills, and condoms are included in the non-long-term contraceptive method (non-MKJP) category. The ratio of non-LFM (Long-Term Contraceptive Methods) and LFM use has been increasing every year, meaning that the use of non-LFM contraceptives is greater than the use of LFM contraceptives (Budihartini et al., 2019). Based on data from the Indonesian Ministry of Health (2024), it is known that the percentage of couples of childbearing age (PUS) who used contraception to delay or prevent pregnancy in 2023 was 55.49%, an increase compared to 2022 at 55.36% and 2021 at 55.06%. Regarding the use of MKJP and modern contraceptive methods, the use of MKJP was lower, with modern contraceptives reaching 54.36% in 2023, while MKJP was 12.96% (Indonesian Ministry of Health, 2024). Preliminary study results in the Pulosari Community Health Center Working Area, Pemalang Regency, show that in 2023 there were 972 mothers who gave birth. The number of mothers who gave birth using active contraception reached 51.2%, with details as follows: injections (89.4%), implants (7.6%), IUDs (2%), pills (0%), MOW (1%), condoms (0%), and MOP (0%). Meanwhile, the total number of MKJP family planning participants was 10.6% and non-MKJP family planning participants was 89.4%. This shows that the use of MKJP family planning among mothers giving birth is still low compared to the use of non-MKJP family planning. The results of interviews conducted with 10 pregnant women in their third trimester showed that 5 pregnant women in their third trimester said they had not yet decided on their choice of contraception after giving birth, 2 pregnant women in their third trimester said they would follow their husband's decision on contraception, and 3 pregnant women in their third trimester did not want to use contraception because it was not in accordance with their ancestors' culture.

Low use of MKJP contraception can be influenced by several factors. Previous studies have shown that low use of MKJP contraception is influenced by factors such as knowledge, attitude, education level, husband's approval or support, family planning information, family planning services, economic factors, duration of breastfeeding, age, and parity (Jalang'o et al., 2017). The knowledge of contraceptive users is closely related to the choice of contraceptive methods, because good knowledge of certain contraceptive methods will change the users' perspective in determining the most suitable and effective contraceptive to use. The better the respondents' knowledge, the higher their awareness of using the appropriate contraceptive methods (Mahmudah & Indrawati, 2015). Ramariani & Arista (2022) stated that the low participation of respondents in the use of contraceptives is partly influenced by misinformation or hoaxes obtained by the community about contraceptives and their side effects. Anggraini et al. (2021) stated that in the process of making decisions about contraceptive use, a couple needs information and support from health workers. Midwives are health workers who hold a strategic position in improving the well-being of mothers, infants, and toddlers (Wardani et al., 2019). One of the roles of midwives as a source of health information can influence prospective acceptors in choosing a contraceptive method. Information obtained from health workers in providing counseling or Information, Education, and Communication (IEC) that is not well understood by prospective acceptors can confuse them and cause mothers to be more likely to choose contraceptive methods that are widely used in their communities (Martyas, 2017). Research by Hardyanti et al. (2019) shows that counseling has an influence on contraceptive choice in pregnant women in their third trimester, with a p-value of 0.000. The involvement of both husband and wife is important in making decisions about contraceptive use. Family planning programs are not only aimed at women; men can also participate actively. Men play an important role in decision-making in family planning programs, such as when to have children, whether to stop having children, and what to do to stop giving birth. Although the majority of contraceptive use is by wives, the decision is not made by one party alone. Family planning decisions made with their partners will make women get support from their husbands (Putri, 2023).

One effort to increase knowledge is through health promotion using appropriate media, such as videos using entertainment-education (Loureiro et al., 2019). Previous research by Anwar et al. (2023) showed that knowledge about MKJP family planning increased by 4.78 after education was provided through video media, while it increased by 2.22 after education was provided through booklet media, meaning that video media is more effective in increasing knowledge than booklet media. Health promotion is a form of independent midwifery action to help clients, whether individuals, groups, or communities, in overcoming health problems through learning activities in which midwives act as educators. Together with clients, midwives collaborate to solve problems through a negotiation process on health education aimed at changing the behavior of individuals, groups, and communities towards positive things in a planned manner through a learning process, especially in the field of midwifery (Sari et al., 2022). Research on health

promotion using video media through entertainment education found that there was an increase in the effectiveness of message delivery because the presentation could be packaged in a light manner, making it easily accepted by all levels of society (Chan & Chen, 2019). Mubarak et al. (2015) stated that audiovisual media is considered capable of providing a clearer and more interesting picture as a medium for delivering health education messages. Audiovisual media consists of sound and image elements that can be seen in the form of videos and is considered more interesting and easier to understand. It is capable of conveying the messages contained in the media well to the audience.

Based on a literature study conducted by Purnami et al. (2022) entitled “The use of Powtoon as a technology-based creative learning medium,” it can be concluded that the use of the Powtoon animated video application is suitable as an interactive creative learning tool in the teaching and learning process. The use of animated video media in the learning process can make learning more effective and efficient. Research by Harnaningsi (2023) entitled “The Effect of AKDR Counseling Educational Videos on Knowledge and Readiness for Use in Third Trimester Pregnant Women in the Working Area of the Paccerrakkang Makassar Community Health Center” showed that there was an effect of AKDR counseling education on third trimester pregnant women. Research conducted by Kusniyanto et al. (2021) showed an increase in knowledge through educational video media in the form of family planning illustration videos containing types of contraceptives, benefits, and side effects with attractive, creative, and innovative presentations that can be provided online. Ebbinghaus studied the aspect of memory in relation to the educational process. Ebbinghaus' research gave rise to the memory curve theory, which describes that the ability to remember a number of objects and their impressions decreases over time. A person will forget 90% of what they have learned in the first week, unless the learning content is reviewed periodically. According to Ebbinghaus, periodic repetition can be done to improve memory as many as 4 times (Hidayah et al., 2017). Based on the above description, the researcher is interested in conducting research on “The Effect of Education on the Level of Knowledge and Choice of MKJP Family Planning Methods using Video Media in Third Trimester Pregnant Women at the Pulosari Community Health Center”.

2. RESEARCH METHOD (Font 10, Times New Roman, Spacing 1.15)

This type of research is quantitative research using a pre-experimental design with a one-group pretest-posttest design. This research design is a measurement method that involves conducting a single measurement beforehand (pretest) before the treatment and then conducting another measurement afterwards (posttest). Cause and effect testing is carried out by comparing the pretest and posttest results (Notoatmodjo, 2018). The following is an illustration of the research design.

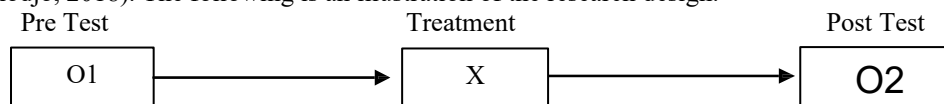


Figure SEQ Figure_ * ARABIC 1 Research Design
Source : Notoatmodjo (2018)

Description:

O1: Measurement of knowledge and selection of MKJP family planning methods before providing video education about MKJP.

O2: Measurement of knowledge and selection of MKJP family planning methods after providing video education about MKJP.

X: Provision of video education about MKJP.

Variables in research refer to behaviors or characteristics that can differentiate or give different values to something (Syapitri et al., 2021). In this study, there are two types of variables involved, namely independent variables and dependent variables. Independent variables, also known as free variables, function as stimuli or influences that can change other variables when the two interact (Syapitri et al., 2021). In this study, the free variable tested was health education provided through video media. Meanwhile, dependent variables, or dependent variables, are variables whose values are influenced by independent variables. In other words, these variables are responses that arise as a result of manipulation of independent variables (Syapitri et al., 2021). In this study, the dependent variables observed were the level of knowledge and choice of MKJP family planning methods by pregnant women in their third trimester.

Operational definitions were created to facilitate data collection, avoid differences in interpretation, and limit the scope of variables (Adiputra et al., 2021). The operational definitions in this study are as follows:

Table 1 Operational Definition

No	Variable	Operational Definition	Measurement Method	Measurement Result
1	Video Media Education	Providing education to pregnant women about Long-Term Contraceptive Methods (MKJP) conducted in one meeting	Group education by visiting a pregnant women's class using video media	SAP
2	Knowledge Level	Improvement in the respondent's ability to answer questions in a questionnaire about MKJP before and after treatment using video media	Questionnaire	a. Good ($\geq 76\%$) bb. Sufficient (56-75%) c. Poor ($\leq 55\%$) Ordinal
3	MKJP Method Selection	The tendency of third-trimester pregnant women in choosing the MKJP method shown by their answers in the questionnaire before and after treatment using video media	Questionnaire	a. Chooses MKJP b. Does not choose MKJP Nominal

This study was conducted at the Pulosari Community Health Center, located in the Pematang Regency. The study period began in December 2024 and lasted until May 2025. Meanwhile, data collection was carried out in March 2025. The population in this study consisted of all pregnant women with a gestational age of more than 28 weeks who were in the Pulosari Community Health Center working area in December 2024, totaling 134 pregnant women. The research sample was taken from this population, with 58 pregnant women meeting the research criteria. The sample was selected considering representation appropriate to the entire population, and the sample size was calculated using the Paired Categorical Analytical formula according to Dahlan (2016).

$$n = \frac{(Z\alpha + Z\beta)^2 \pi}{(P1 - P2)^2}$$

Description:

N : Sample size

Z α : The value of the normal curve error level determined in the study at a 95% CI ($\alpha = 0.05$), so Z $\alpha = 1.96$

Z β : If $\alpha = 0.05$ and power = 80%, then Z $\beta = 0.84$ π : Magnitude of discordance (clinical judgment) (0.4)

P1-P2 : Minimum difference in proportions considered significant (0.3)

So the sample size in this study is:

$$n = \frac{(1.96 + 1.645)^2 0.4}{(0.3)^2}$$

$$n = \frac{(3.605)^2 0.4}{0.09}$$

$$n = \frac{3.8988075}{0.09}$$

$$n = 57.7$$

The number of samples used in this study was 58 respondents. The sampling technique used was purposive sampling, which is a non-random sampling technique in which the researcher determines the sample based on specific characteristics that are in line with the research objectives. This technique was chosen so that the sample taken could represent the population and answer the research questions (Notoatmodjo, 2018). In this study, there were two sample criteria that had to be met, namely inclusion criteria and exclusion criteria. Inclusion criteria are criteria that must be met by individuals to be included in the study. In this study, the inclusion criteria included pregnant women in their third trimester with a gestational age of more than 28 weeks, as well as pregnant women who were willing to be respondents. Conversely, exclusion criteria are criteria that, if found in the research object, cause the subject to be unusable as a sample. In this study, the exclusion criteria are pregnant women in their third trimester with a gestational age of more than 28 weeks who have visual and hearing impairments, as this can hinder the counseling process that will be carried out.

Research instruments are tools or facilities used by researchers to collect data to make their work easier and produce better results (accurate, complete, and systematic) so that they are easier to process (Adiputra et al., 2021). Researchers used a questionnaire as a data collection tool to obtain information from respondents. The knowledge questionnaire in this study was adopted from Ropingah's (2023) study on the Effect of Video Counseling on the Knowledge of Third Trimester Pregnant Women About Long-Term Contraceptive Methods in the Working Area of the Karangjambu Community Health Center, Purbalingga Regency. This questionnaire consisted of 20 questions. The validity test for the knowledge questionnaire had been conducted by a previous study at the Karangmoncol Community Health Center with 20 respondents. The results showed that the calculated r value of the 20 questions was in the range of 0.504–0.678, which was greater than the calculated r value of 0.444, meaning that the 20-question questionnaire was valid. The reliability test results obtained an alpha value of $0.883 > 0.6$, which means that the questionnaire is reliable with a high level of reliability (0.80-1.00).

Table 2 Questionnaire Knowledge Grid

Aspect	No. of Questions	Favorable	Unfavorable
Understanding and Types of MKJP	1	2	2
IUD	2, 3, 4, 5, 6	1	6
Implant	2, 3, 4, 5	1	5
M.O.W	2, 3	1	3
M.O.P	1, 2, 3, 4		4
Total		15	5

Data collection in this study involved approaching subjects and collecting the necessary characteristics from them (Hidayat, 2020). The data used in this study consisted of primary and secondary data. Primary data, or first-hand data, was obtained directly from the research subjects through measurement tools or data collection that was directly applied to the subjects as the source of the information sought (Hidayat, 2020). In this study, primary data was obtained through questionnaires filled out by respondents. Meanwhile, secondary data, or second-hand data, was obtained from parties other than the research subjects themselves. The secondary data used in this study included the number of pregnant women and contraceptive users at the Pulosari Community Health Center.

The data collection technique in this study used questionnaires. The data collection process was carried out in March 2025 and went through several stages. In the research preparation stage, the first step was to request a research permit from the head of the Midwifery Department at Muhammadiyah University Purwokerto. Then, the researcher submitted an Ethical Clearance to the department, followed by the submission of a research permit to the Head of the Pulosari Community Health Center. Next, a preliminary survey was conducted at the Pulosari Community Health Center to identify the characteristics of the research location and determine the respondents and samples to be studied based on inclusion and exclusion criteria. The researchers also coordinated with the Pulosari Community Health Center and the midwifery supervisor regarding the data collection plan scheduled for March 2025. The researchers requested permission to prepare facilities and infrastructure, including a place to screen videos on family planning counseling for pregnant women in their third trimester.

During the implementation stage, the researchers explained the purpose of the study to pregnant women in their third trimester who were more than 28 weeks pregnant and asked for their willingness to

become respondents. After obtaining their consent, the respondents were asked to fill out a consent form. Then, the researchers played an animated video about MKJP family planning in a class for pregnant women in the Pulosari Community Health Center working area. The researchers also distributed observation sheets to collect demographic data on the respondents. After the video screening, the researchers gave the pregnant women time to think about and choose the MKJP family planning method they would take. After finishing, the researchers thanked the respondents. The final stage of this study was to analyze the completed questionnaires. The completed questionnaires were returned to the researchers to check the completeness of the answers. Next, data processing was carried out, which included editing, coding, data entry, and tabulating. The data processing in this study involved several stages that were carried out systematically. The first stage was editing, which involved rechecking the collected data, such as measurement results and observation sheets. The researcher checks the completeness of the data and ensures that there are no deficiencies or inconsistencies in the observation sheets filled out by the respondents. If there are deficiencies or inconsistencies, the data will be immediately completed or adjusted. In addition, the researcher also counts the amount of data and makes the necessary corrections.

Next, scoring is carried out, which is the assignment of scores to respondents' questionnaire answers to assess the categories of the answers. In this study, scoring on the knowledge questionnaire was carried out by giving a score of 1 for answers that were correct or in accordance with the answer key, and a score of 0 for answers that were wrong or not in accordance. The next stage is coding, which is the assignment of codes to all the collected questionnaire answers. Coding in this study was done by assigning codes to each answer category, such as in the knowledge variable, where the answer "poor" was given code 1, "fair" was given code 2, and "good" was given code 3. Meanwhile, for the variable of decision-making about the MKJP family planning method, the answer "choose MKJP" was given code 2 and "do not choose MKJP" was given code 1. After that, data entry was carried out, which is the activity of entering the collected data into a master table or computer database. This process aims to create a simple frequency distribution and compile the data in tabular form. Tabulating is the final stage in data processing, which involves organizing and compiling raw data into a distribution table, based on predetermined codes. In terms of data analysis, the final step of this study was to perform univariate analysis. Univariate analysis uses frequency distribution to examine respondent characteristic data, such as age, education, and parity, as well as data on knowledge and choice of MKJP family planning methods before and after the intervention. After the data was obtained, percentages were calculated to process the data according to predetermined formulas.

Description:

$$P = \frac{F}{N} \times 100\%$$

P = Percentage

F = Frequency

N = Number of samples

Bivariate analysis is an analysis conducted on two variables that are suspected to have a relationship or correlation (Dahlan, 2015). In this study, bivariate analysis was used to determine whether there were differences in knowledge and choice of MKJP family planning methods before and after the intervention. The data used in this analysis was categorical, and the test was performed using the Wilcoxon test (Dahlan, 2015). According to Dahlan (2015), decision making in this bivariate analysis was based on the following assessment criteria: The alternative hypothesis (H_a) was accepted if the p-value $\leq \alpha$ (0.05) with a significance level of 5%, which meant that there was an effect of education on the level of knowledge and choice of MKJP family planning methods using video media among pregnant women in their third trimester at the Pulosari Community Health Center. Conversely, H_a is rejected if the p-value $> \alpha$ (0.05), which means that there is no effect of education on the level of knowledge and choice of MKJP family planning methods using video media among pregnant women in their third trimester at the Pulosari Community Health Center.

This study was conducted after obtaining research ethics approval with number KEPK/UMP/305/III/2025. The implementation of this study took into account the principles of research ethics described by Hidayat (2020). The first principle is the principle of benefit, which requires that every study provide benefits for human interests. Research must be conducted in a manner that does not harm or exploit subjects, and considers the risks and benefits that may arise. Furthermore, the second principle is

the principle of respect for human beings, which affirms that humans have the right to determine whether they want to participate in research. Therefore, researchers did not force pregnant women to become respondents in this study. The third principle is the principle of justice, which requires fair treatment of all research subjects, including maintaining privacy rights and providing equal treatment to each respondent.

In addition to these principles, there are also several ethical issues that need to be considered in this study. Informed consent is one important ethical issue, which is a form of agreement from research subjects before they participate. The purpose of informed consent is for subjects to understand the objectives and purpose of the research. If subjects agree to participate, they will sign a consent form. If they do not agree, researchers must respect their decision. Anonymity, or not including names, is an ethical issue related to the use of codes instead of names on data collection forms to maintain the privacy of subjects. The research results are also presented without mentioning the identity of the respondents, using only respondent numbers. Another ethical issue is confidentiality, which is ensuring the confidentiality of the data collected. Researchers maintain the confidentiality of information and research results by destroying questionnaires after the data has been processed and only reporting data that is necessary for the purposes of the research.

3. RESULT AND DISCUSSIONS (Font 10, Times New Roman, Spacing 1.15)

The study entitled “The Effect of Education on Knowledge Level and Selection of Long-Acting Reversible Contraception (LARC/MKJP) Methods Using Video Media among Third Trimester Pregnant Women” was conducted at Pulosari Community Health Center from April to May 2025 with a total sample of 58 respondents selected using purposive sampling techniques. Pulosari Community Health Center is a Functional Organizational Unit (UOBF) under the Health Office of Pemalang Regency. It is a non-inpatient primary healthcare center located at Pulosari Village, Jl. Raya Pulosari Km 1, Pulosari District, Pemalang Regency, Central Java.

Based on data related to contraceptive use among postpartum mothers, in 2023 there were 972 childbirth cases recorded. The proportion of mothers using active contraception reached 51.2%, consisting of injectable contraception (89.4%), implants (7.6%), intrauterine devices (2%), pills (0%), female sterilization or MOW (1%), condoms (0%), and male sterilization or MOP (0%). Meanwhile, the total proportion of long-acting reversible contraception (MKJP) users was 10.6%, whereas non-MKJP contraceptive users accounted for 89.4%. These findings indicate that the use of MKJP methods among postpartum mothers remains relatively low compared to non-MKJP contraceptive methods.

Description of respondent characteristics, including age, education, and parity, among third-trimester pregnant women at Pulosari Community Health Center

Table 3 Frequency Distribution of Respondent Characteristics Among Third-Trimester Pregnant Women at Pulosari Community Health Center (n = 58)

Characteristic	Frequency (f)	Percentage (%)
Age		
< 20 years	1	1.7
20–35 years	48	82.8
> 35 years	9	15.5
Education		
Primary Education	10	17.2
Secondary Education	40	69.0
Higher Education	8	13.8
Parity		
Primipara	26	44.8
Multipara	29	50.0
Grandmultipara	3	5.2
Total	58	100.0

Table 3 shows that the majority of respondents were aged 20–35 years (48 respondents, 82.8%), had a secondary education (40 respondents, 69%), were unemployed (53 respondents, 91.4%), and were multiparous (29 respondents, 50%).

Overview of Knowledge Level and Choice of Long-Acting and Permanent Contraception (LAPC) Methods Among Third-Trimester Pregnant Women Before Education Using Video Media on LAPC at Pulosari Community Health Center.

Table 4 Frequency Distribution of Knowledge and Choice of LAPC Contraception Method among Third-Trimester Pregnant Women before Education Using Video Media on LAPC at Puskesmas Pulosari (n: 58)

Variable	Frequency (f)	Percentage (%)
Knowledge		
Good	4	6.9
Moderate	33	56.9
Poor	21	36.2
Type of Contraception (Pretest)		
LAPC	12	20.7
Non-LAPC	46	79.3
Total	58	100

Table 4 shows that before receiving education through video media, the majority of respondents had moderate knowledge, with 33 respondents (56.9%), and chose non-LAPC contraception methods, totaling 46 respondents (79.3%).

Overview of Knowledge Levels and Choice of LAPC Contraception Method among Third-Trimester Pregnant Women after Education Using Video Media on LAPC at Puskesmas Pulosari.

Table 5 Frequency Distribution of Knowledge and Choice of Long-Acting and Permanent Contraception (LAPC) Methods among Third-Trimester Pregnant Women after Education via Video Media on LAPC at Puskesmas Pulosari (n = 58)

Variable	Frequency (f)	Percentage (%)
Knowledge		
Good	34	58.6
Moderate	24	41.4
Poor	0	0
Contraception Method (Posttest)		
LAPC	47	81
Non-LAPC	11	19
Total	58	100

Table 5 shows that after receiving education through an animated video, the majority of respondents had good knowledge, totaling 34 respondents (58.6%), and most respondents chose the LAPC method, totaling 47 respondents (81%). The Effect of Education via Video Media on LAPC on the Knowledge Level of Third-Trimester Pregnant Women at Puskesmas Pulosari.

Table 6 The Effect of Education via Video Media on LAPC on the Knowledge of Third-Trimester Pregnant Women at Puskesmas Pulosari

Knowledge	Before		After		Z	p value
	f	%	f	%		
1. Good	4	6.9	34	58.6		
2. Moderate	33	56.9	24	41.4		
3. Poor	21	36.2	0	0		

Table 4.4 shows that out of 58 respondents, 46 experienced an improvement in knowledge. The Wilcoxon test resulted in a p-value of 0.0001, indicating that video-based education on long-term contraceptive methods (KB MKJP) has a significant effect on the knowledge of third trimester pregnant women at Puskesmas Pulosari. The effect of video-based education on KB MKJP on the choice of long-term contraceptive methods among third trimester pregnant women at Puskesmas Pulosari.

Table 7 The Effect of Video-Based Education on Long-Term Contraceptive Methods (KB MKJP) on the Choice of KB MKJP Methods Among Third Trimester Pregnant Women at Puskesmas Pulosari

MKJP Method Choice	Before		After		Z	p value
	f	%	f	%		
MKJP	12	20.7	47	81	5.916	0.0001
Non MKJP	46	79.3	11	19		

Table 7 shows that out of 58 respondents, 35 experienced a change in their contraceptive choice to Long-Term and Permanent Contraception (MKJP) after receiving education via video media. The Wilcoxon test yielded a p-value of 0.0001, indicating that video-based education on MKJP significantly influenced both knowledge and decision-making among third-trimester pregnant women at Pulosari Health Center.

The characteristics of third-trimester pregnant respondents at Pulosari Health Center indicate that the majority are aged 20–35 years. This age range serves as an important indicator of decision-making maturity, reflecting life experience and the individual's ability to manage pregnancy and reproductive health. Respondents within this productive age group are considered to be in a relatively safe phase for pregnancy, and contraceptive users at this age generally aim to space pregnancies to minimize risks of complications for both mother and baby (Manik, 2019; Ayu, 2020).

According to BKKBN (2019), women of reproductive age (WUS) are categorized into three contraceptive use phases. The pregnancy-delay phase applies to women under 20 years, the pregnancy-spacing phase to women aged 20–35 years, and the phase of no further pregnancies to women over 35 years. Contraceptive methods are used to prevent pregnancy by regulating the meeting of egg and sperm, and the choice of contraception is strongly influenced by age and reproductive health condition (Wawan & Dewi, 2016).

This study aligns with government policy, which recommends that women over 35 years use long-term and permanent contraceptive methods (MKJP) such as IUDs, implants, or permanent contraception including vasectomy or tubectomy, to minimize high-risk pregnancies in advanced age that could lead to complications such as cardiovascular disease, hypertension, metabolic disorders, or malignancy (Zhinensis, 2014; Ardhiyanti et al., 2014). Meanwhile, women under 35 years are in the pregnancy-spacing phase and may choose highly reversible contraceptive methods, ensuring fertility returns after discontinuation. Thus, contraceptive selection is adjusted according to age phase, health risk, and reproductive goals to ensure the safety of both mother and child.

Simbolon (2018) states that age is one of the factors influencing an individual's behavior in participating in family planning (FP) programs, where older individuals have a lower likelihood of using contraception compared to younger individuals. This aligns with the findings of Sari (2018) at Kutalimbaru Health Center, which showed that among women of reproductive age (WUS) using IUD contraception, 19 respondents (19.39%) were aged 20–35 years and had a high interest in contraceptive use.

Based on education level, most respondents had a secondary education. Education affects a person's knowledge and rationality in choosing contraception (Astuti & Ilyas, 2015). The higher the education level, the easier it is for an individual to accept new ideas, develop personal potential, acquire necessary knowledge and skills, and improve overall health status (Notoatmodjo, 2018). Higher education tends to facilitate understanding information and making rational decisions, including participation in FP and the

selection of contraceptive methods. Nevertheless, individuals with lower education can still make appropriate decisions through experience, media information, or other non-formal sources (Sari, 2018).

Previous studies support this finding, showing that contraceptive users with lower education levels more often chose injectable contraception (58.8%) (Kusnadi et al., 2019). Pandiangan (2018) stated that education level is associated with the choice of contraceptive methods among WUS, where higher education leads to more rational decisions. Pitriani (2015) added that women with low education have a 23 times higher risk of not using IUDs compared to highly educated women. Thus, formal education level significantly influences individual knowledge and decision-making in selecting contraceptive methods. However, it should be noted that low education does not necessarily equate to low knowledge, as non-formal information and experiences can also equip individuals to make appropriate decisions (Manik, 2019).

The study results showed that most respondents were multiparous. According to Handayani (2020), parity, or the number of children a woman has, influences her decision in choosing long-term contraceptive methods (MKJP), where almost all mothers opt for MKJP after the second or third child, with reasons such as feeling that the number of children is sufficient or ideal, or having many children. This finding aligns with Mochtar (2013), who stated that the main indication for using MKJP is mothers who feel they have enough children, do not wish to have more, but are reluctant to use permanent contraception.

Reproductive goals also influence most mothers in choosing MKJP, such as to stop further pregnancies because they feel the number of children is sufficient, to avoid adding more children, or to maintain a spacing of 6–7 years between children. This concept supports Manuaba (2016), who argued that contraceptive choice should be rational according to the phase of spacing or ending pregnancies. Yunica & Suwanti (2017) found a significant relationship between parity and MKJP use, as high parity increases the risk of pregnancy and childbirth complications, making it necessary for mothers to space or limit pregnancies. Similar findings were reported by Franciska (2016), showing that mothers with higher parity tend to choose MKJP compared to mothers with only one child.

The number of children is also related to family welfare and is a focus of family planning programs aimed at achieving an ideal number of children per family, generally two. This awareness encourages women to participate in family planning programs, regardless of the child's gender (Jasa et al., 2021). Before being given education through video media on MKJP at Puskesmas Pulosari, most respondents (46 people or 79.3%) chose non-MKJP contraceptives. This was because most mothers were primiparous and hoped to have more children, so they opted for non-MKJP methods. This finding is supported by Sanda et al. (2024), who stated that primiparous mothers worry about their fertility and believe that MKJP may delay the ability to conceive again. This differs from the theory suggesting that mothers with two or more children should use MKJP because it is more effective in preventing pregnancy and reducing the risk of another pregnancy (Ibrahim et al., 2019). Sari et al. (2022) also emphasized that parity strongly affects MKJP use, so the choice of MKJP should align with the desired number of children.

In addition to parity, low knowledge was another factor causing respondents to rarely choose MKJP. Knowledge about family planning and contraceptive methods plays a key role in interest and use, as individuals tend to be interested in an object if they understand its characteristics, including form, method of use, benefits, drawbacks, schedule, and side effects. Although MKJP is effective in preventing pregnancy, most respondents had insufficient knowledge about this method, highlighting the need for increased education through formal and non-formal channels. Adequate knowledge should include both positive and negative aspects that influence attitudes and decisions regarding MKJP use.

The study results indicate that knowledge is a crucial factor in the selection of long-term contraceptive methods (MKJP) among third-trimester pregnant women at Puskesmas Pulosari. According to Wawan and Dewi (2016), health-related objects can be understood through knowledge gained from personal experience, and various factors influence a person's knowledge. This knowledge strongly affects behavior in choosing contraceptive tools or methods, as the decision is influenced by considerations such as anxiety, fear, or misinformation from the surrounding environment. Contraceptive choice should take into account safety, reliability, simplicity, cost, social acceptance, and long-term usability. Knowledge about MKJP shapes a mother's thinking in selecting a method that aligns with her condition and needs, which is reflected in her interest in using MKJP before the contraceptive selection phase (Diyana, 2017).

Previous studies support these findings. Aldriana (2014) found a significant relationship between knowledge and MKJP selection ($p = 0.001$), and Mahmudah and Indrawati (2015) reported similar significant results. Pre-counseling questionnaire analysis showed that most respondents had moderate knowledge, with 33 individuals (56.9%). Although respondents understood the concept of MKJP, they lacked knowledge about the benefits of specific contraceptives, particularly implants. This gap in

knowledge can influence behavior in using MKJP, as a mother's understanding shapes her mindset and decision to participate as an MKJP acceptor. Better knowledge increases the likelihood of a mother using long-term contraceptive methods (Mahmudah & Indrawati, 2015).

After receiving education through animated video media, the majority of respondents, 47 individuals (81%), chose MKJP. This indicates that video-based counseling can significantly enhance respondents' knowledge. Using video media with an entertainment-education approach makes message delivery more effective, as it is presented in a light and easily understandable format for various social groups. With this increased knowledge, respondents' awareness and interest in using MKJP as a long-term contraceptive method also improved.

The study results indicate that education through video media has a significant effect on increasing knowledge of third-trimester pregnant women regarding long-term contraceptive methods (MKJP) at Puskesmas Pulosari. Out of 58 respondents, 46 showed an increase in knowledge after receiving the education, with the Wilcoxon test yielding a p-value of 0.0001, indicating a significant impact of video media on pregnant women's knowledge.

Audiovisual media is considered effective because it can provide clear and engaging illustrations, combining sound and images that are easily understood by the audience (Mubarak et al., 2015). Effective communication strategies are needed to familiarize family planning clients with MKJP options, for example, by emphasizing ease of use and availability of contraceptive methods (Handayani, 2018). Using video media in health education increases the effectiveness of message delivery due to its lightweight and appealing format, making it accessible to diverse audiences (Wulandari et al., 2014).

Questionnaire analysis showed the highest score improvement on item 16 and the lowest on item 10, reflecting respondents' understanding of IUD benefits, namely safety, simplicity, non-hormonal effect, and effectiveness. Education through audiovisual media also stimulates high curiosity, encouraging respondents to watch the video until the end and facilitating comprehension of abstract information presented (Notoatmodjo, 2014; Yulyana, 2017).

Previous studies support these findings, showing that outreach media such as videos or leaflets are more effective in increasing mothers' knowledge about MKJP compared to counseling without media (Maftuha, Purnamasari & Hariani, 2022; Meilinawati et al., 2018). In addition, Rossalinda (2014) reported significant improvements in mothers' knowledge after receiving health education on long-term contraception.

This increase in knowledge underscores the role of healthcare providers as information sources influencing prospective acceptors in choosing contraceptive methods. Exposure to adequate information sources can enhance understanding and minimize confusion among prospective acceptors, allowing them to make more rational decisions in selecting suitable contraceptive methods (Wayanti et al., 2018; Sari, 2016). Education through video media has been proven to be an effective tool for raising awareness and understanding among pregnant women regarding MKJP.

The study results indicate that education through animated video media has a significant effect on the choice of long-term contraceptive methods (MKJP) among third-trimester pregnant women at Puskesmas Pulosari. Out of 58 respondents, 35 changed their contraceptive choice to MKJP after receiving the education, with the Wilcoxon test yielding a p-value of 0.0001. This demonstrates that video media is effective in influencing pregnant women's decisions regarding contraceptive methods. The role of healthcare providers in family planning counseling is crucial as it enhances knowledge and self-confidence of contraceptive acceptors (Kusumawati et al., 2018). Video-based counseling engages multiple senses—sight, hearing, and visual involvement—optimizing the information reception process. According to Ruth Schwarze's data on the 'Percentage of Sense Contribution,' vision accounts for 78% of knowledge acquisition, while hearing contributes 13%, and taste and smell each contribute 3% (Hyang, 2022). Therefore, videos combining visual and audio elements are highly effective for health education.

Video media can capture respondents' attention, reduce boredom associated with conventional lectures, and facilitate visualization, leading to better material absorption (Harnaningsih, 2023; Mirawati et al., 2023). These findings are consistent with studies by Darmawan (2020), Sarah (2019), and Welda (2022), which show that audiovisual media improves knowledge and the selection of MKJP methods among reproductive-age couples. Knowledge gained through video education also enhances pregnant women's self-efficacy in selecting suitable contraceptive methods. Higher self-efficacy influences decisions regarding contraception based on considerations such as health, side effects, desired number of children, partner cooperation, and cultural or religious norms (Jun & Oh, 2020). Nurani (2017) and Sundari et al. (2017) affirm that the higher the self-confidence, the more likely a woman will choose MKJP. Thus, family planning counseling through animated video media not only increases knowledge but also strengthens self-

confidence among contraceptive acceptors, positively impacting decision-making in long-term contraceptive use. Greater exposure to high-quality information sources leads to higher knowledge acquisition, making health promotion more effective (Sari, 2016).

Mubarak et al. (2015) stated that audiovisual media is considered capable of providing clearer and more engaging representations as a medium for delivering health education messages. Audiovisual media combines sound and visual elements in the form of videos, making it more appealing and easier to understand, effectively conveying the intended messages to the audience. Educational videos serve as an effective medium to capture respondents' attention. Pregnant women, who may sometimes feel bored or have difficulty understanding content delivered solely through lectures, can focus better on the education provided via video, allowing their prior knowledge and readiness to improve more easily (Harnaningsih, 2023). Mirawati et al. (2023) added that video-assisted counseling reduces boredom and offers advantages in visualization, making it easier for participants to comprehend the material and enhancing knowledge retention.

4. CONCLUSION AND RECOMMENDATION

Based on the results of the study, it can be concluded that most third-trimester pregnant respondents at Pulosari Health Center were aged between 20–35 years (82.8%), had a secondary education level (69%), were unemployed (91.4%), and had multiparity (50%). Before receiving education through video media on long-acting contraceptive methods (MKJP), the majority of respondents had moderate knowledge (56.9%) and tended to choose non-MKJP contraceptive methods (79.3%). However, after receiving education via video media, most respondents showed an improvement in knowledge to a good level (58.6%) and opted for MKJP methods (81%). Statistical analysis demonstrated a significant effect of video-based education on the knowledge of third-trimester pregnant women, with a p-value of $0.0001 < 0.05$, as well as on the selection of MKJP methods, with a p-value of $0.0001 < 0.05$.

Based on these findings, several recommendations can be made. For future researchers, it is suggested to conduct evaluations up to the point of MKJP contraceptive installation according to the chosen method. For pregnant women, it is recommended to actively seek information about various MKJP contraceptive options through healthcare providers, mass media, or electronic media to make informed choices suitable for their individual conditions. For the health center, the results are expected to provide guidance for midwives to maintain the quality of contraceptive services according to standards through initial counseling, post-service counseling, and follow-up to ensure that women understand the benefits and side effects of MKJP methods. Finally, for the community, the success of the family planning program requires active participation in using MKJP methods and supporting regular health facility visits to obtain accurate information, thereby enabling effective spacing of childbirth.

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